



WRITTEN VERIFICATION ORDER FORM

Effective September 1, 1999, the charge for written verification of license is \$10.00. Please return this form with the \$10.00 fee by check or money order to the address below. Please print or type the address where you want written verification mailed, including a zip code.

State _____

Address _____

Zip Code _____

PAYMENT COUPON

BUDGET: #ZZ013

FUND: #127

NAME: _____

SOCIAL SECURITY #: _____

AMOUNT ENCLOSED: _____

PLEASE RETURN TO: TDH/Respiratory Care Practitioners
P. O. Box 12197
Capitol Station
Austin, Texas 78711-2197

To verify current licensure at NO COST, “click” on Roster of Respiratory Care Practitioners in alphabetical order. Use the “find” button on your tool bar, or the “edit” function to find a particular name, or simply scroll up/down to find the name you are searching for. Use the “edit” function to select, copy & paste the information into a word processing file.

If you have any problems, please contact us at (512) 834-6632 or e-mail at <resp@tdh.state.tx.us>.